

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 03020.0354/P354	
		First Inventor Yasushi Ogushi	
		Title CARD PROCESSOR	U.S. PTO 10/689674
		Express Mail Label No.	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
		ACCOMPANYING APPLICATION PARTS	
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p><p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p><p>3. <input checked="" type="checkbox"/> Specification [Total Pages 21] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8]</p><p>5. Oath or Declaration [Total Sheets 3]<div style="margin-left: 20px;"><p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p><p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small></p><p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p></div></p><p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></div><div style="width: 50%;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p><p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><div style="margin-left: 20px;"><p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p><p>b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper</p><p>c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></p></div></div>			
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input checked="" type="checkbox"/> Other: Claim for Priority</p>			
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____</p> <p>Prior application information: Examiner _____ Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
19. CORRESPONDENCE ADDRESS			
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Customer Number: 24998</div><div><input checked="" type="checkbox"/> Correspondence address below</div></div>			
Name		DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP	
		Thomas J. D'Amico	
Address		2101 L Street NW	
City	Washington	State	DC
Country	US	Zip Code	20037-1526
	Telephone	(202) 785-9700	Fax (202) 887-0689
Name (Print/Type)		Registration No. (Attorney/Agent)	28,371
Signature		Date	October 22, 2003

102203

13281 U.S. PTO

Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004		Complete if Known	
<small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Application Number	Not Yet Assigned
		Filing Date	Concurrently Herewith
		First Named Inventor	Yasushi Ogushi
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
		Attorney Docket No.	O3020.0354/P354
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1,100.00			

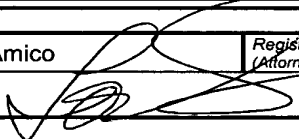
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number: 04-1073			
Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP			
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	770.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	9	-20** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	2	-3** =			0.00
Multiple Dependent				290.00	290.00

Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$)	290.00

		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3)	(\$) 40.00

SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type)	Thomas J. D'Amico	Registration No. (Attorney/Agent)	28,371
Signature		Telephone	(202) 828-2232
		Date	October 22, 2003